Fill i	n this information to identify your case:				only as c	lirected	in this form and	in Form		
Deb	tor 1 Paul Anthony Gioeli		12	2A-1Supp:						
	tor 2 Angelic Cada Gioeli use, if filing)			■ 1. There	s no pres	umptio	n of abuse			
Unit	ed States Bankruptcy Court for the: District of Nevada	l		applie	s will be r	nade ur	mine if a presum nder <i>Chapter 7 N</i> rm 122A-2).	•		
	e number				•		,			
(if kno	wn)						ot apply now be e but it could ap			
				☐ Check if	this is a	ın ame	nded filing			
Off	icial Form 122A - 1									
Ch	apter 7 Statement of Your Cui	rrent Moi	nthly Inc	ome				12/1		
attacl case	complete and accurate as possible. If two married people is a separate sheet to this form. Include the line number to volumber (if known). If you believe that you are exempted frogying military service, complete and file Statement of Exemple: 1: Calculate Your Current Monthly Income	which the addition m a presumption	nal information a of abuse becau	applies. On thuse you do no	e top of a t have pri	ny addit narily c	ional pages, write onsumer debts o	e your name and r because of		
1.	What is your marital and filing status? Check one or	nly.								
	□ Not married. Fill out Column A, lines 2-11.									
	■ Married and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.						
	☐ Married and your spouse is NOT filing with you. You and your spouse are:									
	☐ Living in the same household and are not lega	ally separated.	Fill out both Co	olumns A and	B, lines	2-11.				
	☐ Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading.	egally separated	d under nonbar	nkruptcy law	that appli	es or th				
10 th	Il in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total to be some the same rental property, put the income from that property.	nonth period would I by 6. Fill in the re	be March 1 thro sult. Do not inclu	ugh August 31 de any income	. If the ame amount m	ount of your	our monthly incom once. For exampl	e varied during e, if both		
				Column A Debtor 1		Debt	mn B or 2 or filing spouse			
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commission	ons (before all	\$	0.00	\$	2,426.00			
	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.				0.00	\$	0.00			
4.	All amounts from any source which are regularly portion of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3.	. Include regular d, your depende	contributions nts, parents,	\$	0.00	\$	0.00			
5.	Net income from operating a business, profession,	or farm								
			otor 1							
	Gross receipts (before all deductions)	\$ 0.00								
	Ordinary and necessary operating expenses	-\$ 0.00		•	0.00	•	0.00			
	Net monthly income from a business, profession, or far	m \$	Copy here ->	• Φ	0.00	\$	0.00			
6.	Net income from rental and other real property	Dah	stor 1							
	Once a secretar that are all states at	\$ 0.00	otor 1							
	Gross receipts (before all deductions)	-\$ 0.00 -\$								
	Ordinary and necessary operating expenses Net monthly income from rental or other real property	· ———	Copy here ->	\$	0.00	\$	0.00			
	THE INCIDENT INCOME NOMED FOR A CONTRACT OF STREET OF STREET		,	T		~				

Official Form 122A-1

0.00

\$

7. Interest, dividends, and royalties

0.00

ebtor 1 ebtor 2	Paul Anthony Gioeli Angelic Cada Gioeli				Case nun	nber (<i>if known</i>)			
					Column Debtor		Column B Debtor 2	or	
. Une	employment compensation				\$	0.00	\$	0.00	
	not enter the amount if you contend that the amou Social Security Act. Instead, list it here:	ınt received v	vas a benefit	under					
	For you		1,620.00	<u> </u>					
	or your spouse		0.00	_					
ben	nsion or retirement income. Do not include any a nefit under the Social Security Act.				\$	0.00	\$	0.00	
Do rece don	ome from all other sources not listed above. Sp not include any benefits received under the Social eived as a victim of a war crime, a crime against h nestic terrorism. If necessary, list other sources on all below.	Security Act umanity, or in	t or payments nternational o	r			٥		
	•			_	\$	0.00	\$	0.00	
				_	\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.			+	\$	0.00	\$	0.00	
	culate your total current monthly income. Add the column. Then add the total for Column A to t			\$	0.00	+ \$ _	2,426.00	=[\$_	2,426.00
								Total incon	current month ne
t 2:	Determine Whether the Means Test Applies	10 100							
. Cal	culate your current monthly income for the year	ar. Follow the	ese steps:						
12a	a. Copy your total current monthly income from line	e 11			C	opy line 11	here=>	\$	2,426.00
	Multiply by 12 (the number of months in a year)								12
12b	o. The result is your annual income for this part of t	the form					12	b. \$	29,112.00
. Cal	culate the median family income that applies to	o you. Follow	v these steps						
Fill	in the state in which you live.	N\	V						
Fill	in the number of people in your household.	3							
Tof	in the median family income for your state and siz find a list of applicable median income amounts, g this form. This list may also be available at the bar	o online usin	g the link spe	cified	in the sep	arate instru	13 ections	. \$	61,983.00
. Ho	w do the lines compare?								
14a	Line 12b is less than or equal to line 13. Go to Part 3.	On the top of	f page 1, che	ck box	(1, There	is no presu	mption of abu	se.	
14b	_	of page 1, c	heck box 2, 7	he pr	resumption	of abuse is	s determined i	by Form 1	22A-2.
t 3:	Sign Below								
	By signing here, I declare under penalty of perju	ry that the inf	formation on	his st	atement a	nd in any at	tachments is	true and	correct.
	X /s/ Paul Anthony Gioeli		X /s/	Ang	elic Cad	a Gioeli			
	Paul Anthony Gioeli Signature of Debtor 1		Ar	geli	c Cada G	ioeli			
Da	ate May 31, 2017		Date Ma	•					
	MM / DD / YYYY				/ YYYY				
	If you checked line 14a, do NOT fill out or file Fo	rm 122A-2.							
	If you checked line 14b, fill out Form 122A-2 and	I file it with th	is form.						